



465 Mill Street (Route 6)
Marion, MA 02738
508.748.3537
recreation@marionma.gov

Program Registration Form

PLEASE PRINT CLEARLY

Participant Last Name			Participant First Name			Date of Birth	
Best Contact Email			Best Contact Phone Number			Grade	
Street Address			City		State	Zip Code	
Mailing Address (If different from above)			City		State	Zip Code	
Emergency Contact #1			Emergency Contact Phone Number			Relationship to Participant	
Emergency Contact #2			Emergency Contact Phone Number			Relationship to Participant	
T-Shirt Size (Please Circle)	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult XLarge
What Program(s) and/or Session(s) are you registering for?							
1.)				Fee:			
2.)				Fee:			
3.)				Fee:			

Medical Conditions/Allergies: List any and all here: _____

As a parent, guardian, or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, heirs, executors and administrators waive and release all rights and claims against the Town of Marion, its officers, employees, agents, volunteers and supervisors, except in the case of sole negligence from all losses, injury, damages, fees and other expenses arising out of or in connection with participation in the activity. In addition, I give permission for my child to be treated by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone number provided. I understand the cancellation/refund policy of the Marion Recreation Department.

Signature of Parent/Guardian

Date